

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-023159

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 88 Primary Registration District No. 5323 Registrar's No. 36

JUNE 17 1965

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knobview Twp		c. CITY OR TOWN Cuba Box 75 Rte	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If outside, give location) Knobview Twp	

3. NAME OF DECEASED (Type or print) First FRED Middle J. Last Kinchel			4. DATE OF DEATH Month June Day 13 Year 1965		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/24/1892	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 1 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Cement Worker		10b. KIND OF BUSINESS OR INDUSTRY Mo. Portland Cem Co.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Kinchel		13b. MOTHER'S MAIDEN NAME Anna Dophidi	
14. NAME OF HUSBAND OR WIFE Gertrude		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Gertrude Kinchel Cuba, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 5 min -	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 9:30 am on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) J. Wisley James D.D.			22b. ADDRESS St. James, Mo		22c. DATE SIGNED 6/14/1965
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/17/1965		23c. NAME OF CEMETERY OR CREMATORY Bethlehem	
23d. LOCATION (City, town, or county) St. Louis, Mo		23e. STATE Mo		23f. COUNTY St. Louis	
24. FUNERAL DIRECTOR Jesse Gahr		24b. ADDRESS 200 So. Gramercy St. James, Mo.		25. DATE RECD. BY LOCAL REG. 6-14-65	
26. REGISTRAR'S SIGNATURE Warren S. Beck		26b. ADDRESS St. Louis, Mo		26c. STATE Mo	

(Licensed Embalmer's Statement on Reverse Side)

BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 1280

2 0286

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9 420.1

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12 90-2

13 2-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 22 1965

AUG 3 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.